

Risk Analysis Questionnaire FY 2023

Legal Name of Grantee:		Contract Number:	
Please provide the person's name, title, and number to contact for questions or if additional information is needed:		Contact Name & Title: Contact Phone Number:	

Active Contracts & Payment Types

1. Do you currently have other active grants or contracts with DFPS or any other entity either within or outside of Texas [Federal, State (ISD, University), County, or Private Business]?

Yes ☐ No ☐

If yes, please provide the entity name, grant or contract number(s), and indicate which of the following payment types is utilized for the grant or contract:

Fixed Price	Fixed price is a deliverables-based payment type for a contract with a firm agreed-upon price for the delivery of goods and services.
Cost Reimbursement	Payment type that reimburses contractors for actual, allowable, reasonable, and necessary expenditures incurred up to an approved amount and within the associated cost categories in the approved budget and budget narrative.
Fee For Service	Contractor is paid a standard fee per unit of service. Typically, rates are either negotiated with the individual vendor and apply only to that vendor or there is a uniform rate that is paid to all vendors providing the service. This rate-based payment type is used when an independent rate setting process does not exist for the grant service.
Rate-Set Payments	Contractor is paid a set rate per unit of service. A rate setting process where the rate is approved by the Health and Human Services Commission (HHSC) or another agency with rate setting authority. The resulting rate is applied to the purchase of specifically defined units of service.
Blended Foster Care Rate	The blended foster care rate is the HHSC-developed rate equal to the weighted average rate across all placement types that DFPS pays under a Single Source Continuum Contract for each day of service provided to a child or youth in paid foster care.
Blended Foster Care Case Rate	The blended foster care case rate is the rate paid under a Single Source Continuum Contract for each day of service provided to each child or youth as measured against an established length of stay baseline formulated by HHSC for each defined age category or "strata" of children/youth.
Exceptional Foster Care Rate	An exceptional foster care rate applies to a limited number of situations and/or days under a Single Source Continuum Contract where a child requires extraordinary care.
Day (24 hour)	Usually for residential services. This is the rate paid to the provider for each 24-hour period that a DFPS client is in a provider's care.
Other	Any other payment type not defined above.

Entity Name	Contract Number	Payment Type

Risk Analysis Questionnaire FY 2023

Independent Audits

2. Is your business entity required to undergo an independent audit? ☐ Yes ☐ No
- If no, skip question 3.
 - If yes, please identify the authority requiring the audit:
3. What is the date of your most recent audit? (Note: Monitoring activities conducted by another state agency are not considered independent audits for this purpose.)
- ☐ Within 21 Months ☐ Within 22-34 Months ☐ 35 Months or More ☐ No Audit Completed
- Provide a copy of the most recent independent audit, if applicable.
- Additional Information:

Related Party Transactions

4. Disclose the type of business transactions (compensated or not) that occur between your business entity and any related party. For purposes of this question, related party refers to:
- a) A family member (including blood, marriage, or adoption),
 - b) A member of the Board of Directors,
 - c) Stockholders with >5% Ownership,
 - d) Key Employees Paid Separately for Other Responsibilities (e.g., consulting services, not direct employees),
 - e) Parent/Subsidiaries, or
 - f) Organizations Under Common Ownership or Control (excluding routine relationships for an LLC).

Transactions include business activities such as purchasing or leasing (e.g., a building, a computer, or a vehicle) and/or obtaining a service (e.g., legal services, accounting services, banking services).

Non-Compensated Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Compensated, Non-Recurring Goods, Services, or Labor	<input type="checkbox"/> Yes <input type="checkbox"/> No
Compensated, Recurring Goods, Services or Labor	<input type="checkbox"/> Yes <input type="checkbox"/> No
Compensated Goods, Services, or Labor w/ Uniform Rate, Set Rate that Applies to All Contracts for the Service	<input type="checkbox"/> Yes <input type="checkbox"/> No
Compensated Consulting or Management Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Compensated Building Leasing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Compensated Transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No
For-Profit Affiliated with Non-Profit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owned/Operated by Same or Related Entity	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Subsidiary Relationship	<input type="checkbox"/> Yes <input type="checkbox"/> No

Risk Analysis Questionnaire FY 2023

Subawardee

5. Indicate the percentage of work performed by subawardee for the grant service (as allowable by the contract).

- ☐ No Subawardee Involvement
- ☐ Subawards Account for 50% or Less of Work Performed
- ☐ Subawards Account for More than 50% of Work Performed

Key Management Staff

For purposes of this question, key management staff may include individuals with titles such as: Executive Director, President, Comptroller, Chief Financial Officer, Manager, Grant Manager or Program Director.

6. Has there been a change in any key management staff at your business organization within the past two years (24 months)?

- ☐ Yes ☐ No

7. Indicate whether key management staff have at least two years' worth of experience providing fiscal or programmatic components of the grant service (even if not with the same business entity).

Fiscal components refer to the financial aspect of the contract.

Programmatic components refer to the service delivery side of the contract, such as ensuring that services are provided to clients, monitoring the quality of the service delivery, complying with the service provisions in the contract.

Executive Director, President or Equivalent	<input type="checkbox"/> Less than 2 years (24 months) with fiscal <u>or</u> programmatic components of federal and/or state grant programs	<input type="checkbox"/> At least 2 years (24 months) with fiscal <u>or</u> programmatic components of federal and/or state grant programs	<input type="checkbox"/> At least 2 years (24 months) with fiscal <u>and</u> programmatic components of federal and/or state grant programs
Accounting Director, Comptroller, Chief Financial Officer, Business Manager, etc.	<input type="checkbox"/> Less than 2 years (24 months) with fiscal <u>or</u> programmatic components of federal and/or state grant programs	<input type="checkbox"/> At least 2 years (24 months) with fiscal <u>or</u> programmatic components of federal and/or state grant programs	<input type="checkbox"/> At least 2 years (24 months) with fiscal <u>and</u> programmatic components of federal and/or state grant programs
Program Director, Program Coordinator or Equivalent	<input type="checkbox"/> Less than 2 years (24 months) with fiscal <u>or</u> programmatic components of federal and/or state grant programs	<input type="checkbox"/> At least 2 years (24 months) with fiscal <u>or</u> programmatic components of federal and/or state grant programs	<input type="checkbox"/> At least 2 years (24 months) with fiscal <u>and</u> programmatic components of federal and/or state grant programs

Direct Delivery Staff

8. Please indicate change in direct delivery staff at your business organization within the preceding year.

- ☐ No change ☐ Turnover <= 49% ☐ Turnover >= 50%

9. Please indicate the average level of experience that direct delivery staff at your organization have in providing the grant service.

- ☐ Less than 24 months ☐ 24 months or more

**Risk Analysis Questionnaire
FY 2023**

Internal Controls

10. Does your business organization have any outstanding liabilities or litigations?

☐ Yes ☐ No

If Yes, Describe:

(Note: Please distinguish between any liabilities or litigations.)

Term	Definition/Example
Outstanding Liabilities	Liabilities that are legal obligations payable to a third party and which are yet to be paid as of the balance sheet date
Litigations	Pending lawsuit(s) – generally meaning any current litigation involving the business entity for which the results could have a negative impact on the business.

CERTIFICATION

This form must be signed by an individual with documented signature authority, as designated by the business entity.

I HEREBY CERTIFY, TO THE BEST OF MY KNOWLEDGE, THAT THE INFORMATION REPORTED HEREIN IS TRUE, CORRECT, AND COMPLETE.

Signature

Date

Print Name

Title